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| EXAMINER INITIAL | | DOCU | JMENT BER | DATE | NAME | CLA | SS | SUB-CLASS | FILING DATE | |
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| | AL1 | | | | | | | | Yes No | |
| | AM1 | | | | | | | | Yes No | |
| | AN1 | | | | | | | | Yes No | |
| | AO1 | | | | | | | | Yes No | |
| | AP1 | | | | | | | | Yes No | |
| | | | | OTHER (Includin | g Author, Title, Date, Pertinent Pag | jes, etc.) | | | | |
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| EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. | | | | | | | | | ot considered. | |
| Include copy of this form with next communication to Applicants. ::ODMA\MHODMA\SKGF_DC1;158920;1 | | | | | | | | | | |